



Garden City Dance Studio



FALL REGISTRATION FORM 2017-2018

PLEASE PRINT

FAMILY INFORMATION

Parents Last Name: _____ Childs Last Name (If Different) _____

Street Address: _____ Town: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

Mother's Name: _____ Cell# () _____ Email: _____

Father's Name: _____ Cell# () _____ Email: _____

Emergency Contact Name _____ Phone # _____

Students (If Applicable) Cell# _____

Source: _____ (Family/Referral/Newspaper/Website/Google/Flyer)

STUDENT INFORMATION

Student 1 Age as of Sept 1st _____

Name: _____

Date of Birth: _____

Grade: _____

This is your _____ year at GCDS

Medical Comments: _____

Student 2 Age as of Sept 1st _____

Name: _____

Date of Birth: _____

Grade: _____

This is your _____ year at GCDS

Medical Comments: _____

Student 3 Age as of Sept 1st _____

Name: _____

Date of Birth: _____

Grade: _____

This is your _____ year at GCDS

Medical Comments: _____

Classes

1. Class _____

Day _____

Time: _____

Classes

1. Class _____

Day _____

Time: _____

Classes

1. Class _____

Day _____

Time: _____

1. Class _____

Day _____

Time: _____

1. Class _____

Day _____

Time: _____

1. Class _____

Day _____

Time: _____

1. Class _____

Day _____

Time: _____

1. Class _____

Day _____

Time: _____

1. Class _____

Day _____

Time: _____

Office Use only: Phone: _____ Person: _____ Mail: _____ Email/Fax: _____ Other: _____

Date Paid: _____ Method: Amount: _____ Cash #/Check# _____ Charge Visa/MC/DISC # _____

Policy Payment Schedule Confirmation Counted Posted to Computer Photo Release Auto Charge

We offer Auto Pay for your convenience. Please ask at the front desk for details.